

Account # \_\_\_\_\_

**TOWN OF  
NORTH PROVIDENCE**

Janesse Muscatelli  
ACTING TAX ASSESSOR



**STATE OF  
RHODE ISLAND**

Charles Lombardi  
MAYOR

Application for Tax Exemption  
Pursuant to Chapter III Public Laws of 1976

**VARIABLE EXEMPTION APPLICATION FOR 2010**

***\*THE INCOME OF A HUSBAND SHALL BE DEEMED TO INCLUDE THE TOTAL INCOME OF HIS WIFE, AND THE INCOME OF A WIFE SHALL BE DEEMED TO INCLUDE THE TOTAL INCOME OF HER HUSBAND\*\****

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lic. # \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Lic. # \_\_\_\_\_  
**UNDER 65 MUST HAVE A DOCTOR'S LETTER STATING 100% DISABLED**

S.S. # \_\_\_\_\_ S.S. # \_\_\_\_\_

Address: \_\_\_\_\_ Plat \_\_\_\_\_ Lot \_\_\_\_\_

Property Owned: Solely ( ) Jointly ( ) **Are you a widow?** YES ( ) NO ( ) Date spouse deceased \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If owned Jointly with Whom? \_\_\_\_\_ Date Property was Acquired: \_\_\_\_\_

Do you own property in other City, Town, or State? If so where? \_\_\_\_\_

**COMBINED INCOME CAN NOT EXCEED \$15,000**

**Applicant: (Income)**

**Co-Applicant: (Income)**

Amount of SSI \_\_\_\_\_ Amount of SSI \_\_\_\_\_  
( Please state if amount is yearly, monthly or annually?)

Employment Status/Amt. Earned \_\_\_\_\_ Employment Status/Amt. Earned \_\_\_\_\_

Pension earned ( if any) \_\_\_\_\_ Pension earned ( if any) \_\_\_\_\_

Rental income (if any) \_\_\_\_\_ Rental income (if any) \_\_\_\_\_

Banking institute: \_\_\_\_\_ Banking institute: \_\_\_\_\_

Amt. Of Interest earned as of 12/31 \$ \_\_\_\_\_ Amt. Of Interest earned as of 12/31 \$ \_\_\_\_\_

Banking institute: \_\_\_\_\_ Banking institute: \_\_\_\_\_

Amt. Of Interest earned as of 12/31 \$ \_\_\_\_\_ Amt. Of Interest earned as of 12/31 \$ \_\_\_\_\_

Annuities/Ira's/CD's \$ \_\_\_\_\_ total Annuities/Ira's/CD's \$ \_\_\_\_\_ total

List each name/amt. \_\_\_\_\_ List each \_\_\_\_\_

Any other Income received. \_\_\_\_\_ Any other Income received. \_\_\_\_\_

**CERTIFIED IRS FORMS MUST BE SUPPLIED! CERTIFIED IRS FORMS MUST BE SUPPLIED!**

Total Gross Income Filed: \$ \_\_\_\_\_ Total Gross Income Filed: \$ \_\_\_\_\_

Account # \_\_\_\_\_

**Applicant: (Deductions)**

Un reimbursed Medical Expenses  
(ex. Co-pays, exam’s, Dr. Bills)

Total: \_\_\_\_\_

Un Reimbursed Prescriptions  
(You can obtain this from your Pharmacist)

Total: \_\_\_\_\_

Health Insurance paid out of pocket:

Total: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Any other deductions can be listed below;

**Co-Applicant: (Deductions)**

Un reimbursed Medical Expenses  
(ex. Co-pays, exam’s, Dr. Bills)

Total: \_\_\_\_\_

UN Reimbursed Prescriptions  
(You can obtain this from your Pharmacist)

Total: \_\_\_\_\_

Health Insurance paid out of pocket:

Total: \_\_\_\_\_

Name of Company: \_\_\_\_\_

This application must be filled out completely to the best of your ability. Anything that may not apply to you please write **N/A** in the space provided, otherwise we may think you forgot to include some information.

**COPIES OF ALL ABOVE INFORMATION MUST BE SUPPLIED WITHIN ITS ENTIRETY, UPON SUBMITTING APPLICATION.**

All applications must be submitted with a certified copy of U.S. Federal Income Tax Return of the current year. Even if you have to file zero, we must have a certified copy.

Applications for **100% disabled person’s** must be submitted with a medical report or other proof of disability.

**APPLICATION WILL BE SENT BACK FOR REQUIRED PROOF.**

I SWEAR THAT THE FORE GOING INFORMATION IS TRUE, COMPLETE, AND CORRECT.

**APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notary:  
Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
In the (city/town) \_\_\_\_\_ or Rhode Island.

Notary Signature: \_\_\_\_\_  
My Commission Expires on: \_\_\_\_\_

<b>Office use only</b>	<b>Total income:</b> _____	<b>Total Deductions</b> _____
<b>Amount of Gross Income:</b> _____		
<b>Approved</b> _____	<b>Denied</b> _____	
INCOME BRACKET :		
\$0--\$8,000	EXEMPT. AMT. \$10,000	
\$8001-\$10,000	EXEMPT AMT. \$7,000	<CIRCLE ONE!
\$10,001-\$15,000	EXEMPT AMT \$5,000	